

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N41333 (8)

1. Corporation Name

SANDHURST HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1702 S WASHINGTON AVE
TITUSVILLE FL 32780
US

1702 S WASHINGTON AVE
TITUSVILLE FL 32780
US

3. Date Incorporated or Qualified
12/13/1990

3a. Date of Last Report
05/26/1995

2. Principal Place of Business

2a. Mailing Address

21 650 Gouldsboro Pt. Rd.
Suite, Apt. #, etc.

26 650 Gouldsboro Pt. Rd.
Suite, Apt. #, etc.

4. FEI Number
59-3136963

Applied For
Not Applicable

22 City & State
Gouldsboro ME

27 City & State
Gouldsboro, ME.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip
04607

28 Zip
04607

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Country
USA

29 Country
USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EVANS, JOHN H.
1702 S WASHINGTON AVE
TITUSVILLE FL 32780

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent or title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME TD
STREET ADDRESS FREEMAN, WILLIAM H.
CITY - ST - ZIP 650 GOULDSBORO POINT RD.
GOULDSBORO ME

TITLE ☐ DELETE
NAME V
STREET ADDRESS FREEMAN, KAREN
CITY - ST - ZIP 650 GOULDSBORO POINT RD.
GOULDSBORO ME

TITLE ☒ DELETE
NAME PD
STREET ADDRESS CATE, PEGGY
CITY - ST - ZIP 480 BLADES TRAIL
DENVER NC

TITLE ☒ DELETE
NAME SD
STREET ADDRESS CATE, JON M.
CITY - ST - ZIP 480 BLADES TRAIL
DENVER NC

TITLE ☐ DELETE
NAME SD
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SD "D" ☒ Change ☒ Addition
1.2 NAME CATE, JONATHAN M.
1.3 STREET ADDRESS 8078 BLADES TRAIL
1.4 CITY - ST - ZIP DENVER, NC 28037

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME ADDRESS
2.3 STREET ADDRESS change
2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 700001865567
5.4 CITY - ST - ZIP -06/18/96--01118--014

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME ***61.25
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE TIME PHONE #

CR2E037 (12/95)